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Summary of mid-term reviews and major evaluations of country programmes

Central and Eastern Europe, the Commonwealth of Independent States and Baltic States region

Summary

The present report was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1), which requested the secretariat to submit to the Board a summary of the outcome of midterm reviews (MTRs) and major country programme evaluations, specifying, inter alia, the results achieved, lessons learned and the need for any adjustments in the country programme. The Board is to comment on the reports and provide guidance to the secretariat, if necessary. The MTR, three evaluations and one study described in the present report were conducted during 2003, 2004 and 2005.

Introduction

1. This report covers the mid-term review (MTR) of the country programme for the Republic of Moldova; three evaluations (a multi-country regional evaluation of programmes promoting young people's participation, an evaluation of the integrated maternal and childhood programme in Serbia and Montenegro, and a joint UNICEF/World Bank mid-term evaluation of the post-conflict grant programme on early childhood development (ECD) and women's literacy in Kosovo);[1] and a study

* E/ICEF/2005/10.

[1] Currently under United Nations Administration (United Nations Interim Mission in Kosovo), hereafter referred to as Kosovo.

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on children and disability in the region. The report also discusses the regional evaluation strategy adopted by the Regional Office in 2005.

Country mid-term review

Republic of Moldova

2. **Preparation process.** The Deputy Prime Minister chaired the Steering Committee that led the MTR process. Representatives of all line ministries, local authorities, non-governmental organizations (NGOs) and young people themselves were part of the Committee. Multisectoral technical working groups were also established to coordinate the review, and to identify achievements and lessons learned across the three main components of the country programme.

3. The MTR was used to strengthen collaboration and coherence of UNICEF interventions with those of the United Nations Development Programme and the United Nations Population Fund (UNFPA).

4. **The situation of children and women.** Despite the economic recovery that started at the beginning of this decade, the economic collapse of the 1990s continues to effect Moldovan children and women. In addition, the rapid increase of migration has left families and the social services system under great stress.

5. While absolute poverty has decreased, the economic crisis has exacerbated regional disparities and inequalities which have left entire segments of the child population without basic care and access to social services. This affected mostly children who live in small towns (53 per cent) and rural areas (45 per cent) and had an especially negative impact on young people. Single-parent households account for over one fifth of the poor.

6. Indicators that measure children's vulnerability have deteriorated, with a reported increase in trafficking of children and women and the persistence of human rights violations in the juvenile justice system. A particularly worrisome trend is the increased number of children in public care and those left behind by migrant parents; currently, over 14,000 children live in institutions.

7. Pre-school education has improved marginally, with the pre-primary enrolment rate reaching 52 per cent but still below the 1990 level (62 per cent). Access to schooling remains high (over 95 per cent of girls and boys attend primary schools). However, decline in the quality of education, inadequate curricula and lack of interactive learning approaches contribute to high drop-out rates and constitute obstacles to children's development. The most disadvantaged are children with special needs.

8. Over a short period of time, Moldova achieved a significant decline in its infant mortality rate, from 16 to 14 per 1,000 live births between 2001 and 2003. Disparities between rural and urban areas remain high, and mortality rates in rural areas are almost 50 per cent higher than in urban areas. A high proportion of deaths are avoidable, especially those caused by acute respiratory diseases and injuries that occur at home. The majority of these deaths are due to inadequate family knowledge and care-seeking practices. In addition, about one third of children aged 6-24 months are at risk of iron deficiency. Stunted growth and anaemia in children

increased from 10 per cent in 2001 to 17 per cent in 2003, with a more than two-fold increase among the poorest children.

9. The number of people infected by HIV/AIDS is rising, with about one half of infections occurring through sexual contacts. As much as 70 per cent of cases of sexually transmitted infections (STIs) are reported among adolescents, which is directly correlated to the lack of information on healthy life styles and counselling services for young people.

10. **Progress and key results at mid-term.** Against this backdrop of economic hardship, the UNICEF programme focused its contribution within the context of the Economic Growth and Poverty Reduction Strategy and the Millennium Development Goals. UNICEF provided technical assistance for policy development and legal reform, strengthening the capacities of the social sector to deliver services for children, and better targeting interventions to families and children with the greatest needs.

11. The early childhood care and development programme made progress in the following areas:

(a) **Institution-building for maternal and child health.** Technical assistance was provided for the development of national plans, standards and norms for inclusive service delivery. These included the National Perinatal Programme, the National Mother and Child Health programme, guidelines for prevention of mother-to-child transmission of HIV and strengthening of the National Iodine Deficiency Disorders Elimination Programme. The Basic Benefit Package of health care services was implemented to ensure free access by pregnant women and children to antenatal, essential obstetrical and neonatal care, growth monitoring, immunization and the Integrated Management of Childhood Illness (IMCI);

(b) **Strengthening the capacities of health care providers** to ensure quality clinical care services and parenting education. Capacity-building interventions included the development of training modules in the curriculum for health care professionals and managers, the establishment of child growth and development monitoring systems, and the adaptation of IMCI to include parenting education. These results were achieved in close partnership with the World Health Organization (WHO), which provided technical assistance for the maternal mortality audit, the assessment of domestic violence during pregnancy and the revision of the midwifery curriculum.

12. The child protection programme saw significant progress in the area of policy development and revision of standards, and the improvement of capacities of the judiciary in dealing with children in conflict with the law. UNICEF supported the Government in developing new or revised laws and related plans of action, including the new Criminal Law and the Criminal Procedure Code. This new body of laws provides for improved juvenile justice and brings local legislation in line with the standards of the Convention on the Rights of the Child. Specialized training modules for judges, prosecutors and law enforcement officers were also developed in cooperation with the Judicial and Prosecutor's Training Centres and the Police Academy.

13. Progress was also recorded in the area of child trafficking and institutionalized children. Child trafficking was mainstreamed in the new Law and National Plan of Action on Trafficking of Human Beings. Because 10 per cent of children who are

trafficked come from institutions, the country programme focused on making these children aware of the risks through a new curriculum on life skills-based education focused on child trafficking. As many as 3,000 institutionalized children already attended this training and received peer-to-peer education. Another important result was the reduction in the number and residential duration of 0-to-6 year-old children in institutions. This was directly associated with the introduction of social workers in the institutions who were able to improve contacts with families, providing them alternatives to placing children in institutions.

14. Special orientation and training assisted legal professionals in using the principle of the best interest of the child when dealing with children in conflict with the law or children who are victims or witnesses of violence or trafficking. Standards were developed and referral mechanisms were established. Through support for the development of services for vulnerable children and families, the programme contributed to the objective of improving access to quality social services for vulnerable children and families. In partnership with local authorities, social services and NGOs, the programme of cooperation generated best practice models of community-based services which are ready to be fully integrated in to the existing system.

15. A number of partners were instrumental in supporting the programme and contributed to capacity-building of professionals and institutions involved in child protection issues. The European Union and the World Bank contributed to the establishment of services at the local level. UNICEF also cooperated with the Swedish International Development Cooperation Agency, the Department for International Development (United Kingdom), the International Organization for Migration and the Organization for Security and Co-operation in Europe. A positive development is that key stakeholders at national and international levels are working in a coordinated manner towards the development of a sector-wide approach in the area of social protection.

16. Under the young people's health, development and participation programme, concepts, standards, plans and systems were strengthened to contribute to an improved legal framework and national capacities to address issues affecting young people. A National Youth Strategy and Plan of Action was developed and incorporated into the Economic Growth and Poverty Reduction Strategy. The adoption of concepts and standards on life skills-based education and for local youth councils were an important contribution to the national system. Around 1,200 youth workers, teachers, educators, facilitators and peer educators were trained. A dynamic national network of youth NGOs was established which connected youth clubs, including more than 200 local youth councils active in all districts of the country.

17. The country programme also facilitated the expansion of youth-oriented services, which contributed to improving access to quality services and information. Two models of "youth-friendly" services were implemented: "youth-friendly" clinics improved the availability and quality of health services and counselling on health, HIV/AIDS, STIs and drug abuse prevention; and youth centres provided easy access to information and to psychological and legal counselling. To date, more than 15,000 young people have accessed these services. These models contributed to the development of national norms, standards and management protocols for quality "youth-friendly" services, and of modules for the training of medical personnel in

"youth-friendly" approaches. The sustainability of "youth-friendly" services will be assured through their integration into the existing network of public health services and into financial schemes under the mandatory health insurance. In addition, the curriculum on life skills-based education, developed with UNICEF assistance, was approved by the Ministry of Education and made mandatory for grades 1-12. Since September 2004, it has been piloted by the Ministry in 35 schools and six kindergartens. The Global Fund to Fight AIDS, Tuberculosis and Malaria has provided funds for the implementation of the curriculum nationwide. In addition, the peer education project on HIV/AIDS prevention was expanded nationwide and the national network of youth NGOs, including 200 local youth councils, was established. The network's influence on local authorities and communities resulted in the elaboration and implementation of action plans on youth rights and HIV/AIDS prevention.

18. These results were achieved in close cooperation with local NGOs and institutions, such as the Department of Youth and Sport and Ministry of Education. The HIV/AIDS prevention component has been implemented in close partnership with UNFPA, the World Bank and the Global Fund, which provided financial resources for development of the life skills-based education curriculum. UNICEF ensured appropriate technical assistance and the World Bank expanded the network throughout the country.

19. **Partnerships.** During the first half of the country programme period, partnerships have been strengthened and expanded, resulting in enhanced coordination and successful leveraging of resources for children and young people through such major donors as the World Bank, the Global Fund and the European Union. The MTR process has highlighted such areas of joint United Nations interest as integrated local development, HIV/AIDS and human trafficking. The United Nations agencies have developed a joint strategy to assist and strengthen the national monitoring system for the Millennium Development Goals. UNICEF has considerably strengthened partnerships with youth organizations and NGOs, leading to their increased participation in the country programme and in monitoring of child rights.

20. **Resources used.** The total approved budget for the period 2002-2004 amounted to $6,587,000 ($2,087,000 from regular resources and $4,500,000 from other resources). The total funds available during this period amounted to $7,491,865, because fund-raising (113 per cent) has exceeded the amount planned for the first three years. As of end-2004, country programme expenditures amounted to $6,307,477, with an average implementation rate of 85 per cent. By programme component, expenditures were: early childhood care and development, $2,162,269 (79-per-cent implementation); child protection, $2,260,071 (88 per cent); young people's health and development, $1,651,342 (88 per cent); and cross-sectoral costs, $243,795 (94 per cent).

21. **Constraints and opportunities affecting progress.** Notwithstanding the progress made, the fragmentation of competencies and responsibilities among different ministries and government institutions, together with weak technical capacities, has slowed the effective development and implementation of social policies and services, notably in the areas of child protection and ECD. Although satisfactory progress was made in the area of social policy and legislative frameworks within different sectors, targeted interventions on the most vulnerable

could not be adequately developed due to poor availability and reliability of data and analysis on a number of social issues. Support to the national monitoring system will be crucial in the remaining part of the country programme to allow proper monitoring of progress towards the Millennium Development Goals and the targeting of specific populations.

22. **Suggested adjustments.** The MTR showed good progress towards the intended results. However, it also highlighted critical areas that would need a more strategic approach. Nutrition, inclusive education, behavioural changes in relation to HIV/AIDS and parenting education on child-care knowledge and practices need to be better addressed and will constitute top priorities over the next two years. These challenges require innovative, decentralized and more integrated and targeted responses that address social and regional disparities. The MTR recommended that activities at local level be strengthened to promote convergence and networking of services and to build capacities for local planning and monitoring. This will require systematic investment in national monitoring systems and capacity-building. Integrated local plans of action for children and young people, developed with the participation of children, youth and communities, will be instrumental in targeting the most vulnerable.

23. The MTR concluded that the work done in the past three years had contributed substantially to the ongoing social reforms. The balance between policy development and service delivery was considered effective. Pilot and innovative services have provided valuable inputs for policy dialogue and their expansion nationwide has been taken up by key partners.

Major country programme evaluations

A. Multi-country regional evaluation of programmes promoting young people's participation

24. **Reasons for the evaluation.** In recent years, the participation of civil society has taken hold in the region as a necessary element for sustainable development. Within this context, young people's participation is emerging as a key strategy to achieve the Millennium Development Goals. This evaluation was commissioned to determine the extent to which current UNICEF work in young people's participation is systematically applied in all aspects of programming. The findings of the evaluation were expected to provide a better understanding of what strengthens the meaningful participation of young people in decision-making. It was also anticipated that the evaluation would assist the United Nations, bilateral partners and Governments in fostering good governance processes that include young people's participation.

25. **Summary of design and methodology.** The evaluation included a comprehensive questionnaire for country offices (piloted in Azerbaijan and the Republic of Moldova) and participatory field research with young people in select countries (Albania, Belarus, Georgia, the Republic of Moldova and the former Yugoslav Republic of Macedonia). The methodology was outlined in an evaluation protocol prepared by the Regional Office. The protocol included briefing on the essential elements of a participatory evaluation process with young people, an evaluation framework with standard questions for all participating countries,

possible indicators for measuring young people's participation, draft programme evaluation standards and an annotated bibliography.

26. Field research in each country was conducted by 54 young researchers and 1,970 young informants under the guidance of a principal researcher. Preparatory training and planning sessions were held with the research teams in each of the participating countries. The training was highly participatory, and introduced the teams to both participatory and classical evaluation methods. The former are described in the tool kit, *Useful Tools for Engaging Young People in Participatory Evaluations*.

27. Different methods, such as questionnaires, interviews, focus groups, impact drawings, card visualization and "smiley-face" scales, were used to collect quantitative and qualitative data in a "youth-friendly" manner.

Findings, lessons learned and recommendations

28. The evaluation analysed a number of participation strategies currently being implemented with the aim of identifying the most relevant, effective and efficient programme approaches. Strengthening young people's voices and promoting their influence in the policy and legislative arena is a very new undertaking in the region. However, the evaluation demonstrated that with the right support and opportunities, in some countries young people are directly influencing national and local polices and approaches related to HIV/AIDS, the right to quality education and access to quality health services. The evaluation found that a wide variety of entry points were being used to engage young people. The most frequently reported entry points were multisectoral forums, media channels and peer-to-peer approaches, all of which presented good opportunities for strengthening young people's voices in decision-making.

29. Peer-to-peer approaches in particular were seen by country offices as having the greatest potential in building young people's capacities to participate and were cited as being the most useful in engaging the participation of especially vulnerable young people. In the former Yugoslav Republic of Macedonia, for example, peer-to-peer interactive theatre was effective in involving young people, building their skills and knowledge related to HIV/AIDS prevention, and was especially successful with institutionalized youth, owing to creative theatre techniques that enabled participants to express themselves more easily. In Belarus, the work of youth NGOs has contributed to the inclusion of peer education in the National Programme to Prevent HIV/AIDS.

30. Young people's participation through youth forums has had an important impact on national policies and strategies. In Albania, the National Youth Strategy and the National Strategy on HIV/AIDS reflected the opinions of young people. In Armenia, students helped to draft a national framework for regulations for student councils. In Ukraine, young people's advocacy resulted in the revision of the draft standards in education, including the introduction of HIV/AIDS prevention unto the national curriculum.

31. In some countries, Youth Parliaments provide a space for genuine and influential participation but in others, this entry point requires further work with both adults and young people to increase participation beyond the level of manipulation and tokenism. Although Youth Parliaments are effective in building

the skills of young people, they do not have wide representation, particularly of marginalized young people.

32. Young people's voluntary participation in community development provides evidence that it can change adult stereotypes about how young people can contribute to development. In the Republic of Moldova, for example, young people served on the boards of integrated community service centres, were tasked with responsibilities as instructors by the community centres and were involved in decision-making of local youth councils.

33. A key lesson learned is that the voice of diverse groups of young people can be heard. The Ukrainian experience, for example, showed that the opinions of especially vulnerable young people are taken into account when young people are included in subnational discussions on issues relevant to their lives and are given opportunities to express their views, build their skills in how to forge group consensus and present their ideas to adult decision makers. Another critical lesson is that in order for young people's voices to be taken seriously, it is essential that adult decision makers know how to understand and engage in participatory approaches.

34. With young people's participation in UNICEF processes, programmes were more innovative and more successfully implemented. Most of the country offices participating in the study involved young people, to varying degrees, in situation analyses and country programme design and implementation. Country offices consider this to be very important to the relevance and effectiveness of their programmes.

35. Participatory Action Research (PAR) has proven to be especially effective in engaging young people in identifying problems and finding solutions. PAR enhances young people's sense of social responsibility and active citizenship, and provides a good method for developing innovative communication strategies targeting adolescents, including especially vulnerable young people. In the former Yugoslav Republic of Macedonia, for example, PAR helped to map attitudes and behaviour with regard to youth health issues (HIV/AIDS, STIs and drug use), created a space for open discussion among young people and generated valuable inputs to the design and implementation of "right to know" interventions. In Ukraine, a youth opinion poll, based on peer-to-peer interviews, was developed as a vehicle through which young people could make their voices heard. The results were reported through the mass media, at various policy roundtables and to the Deputies of the Kiev City Council. Young people aged 15-20 years suggested the research subjects, conducted surveys, compiled materials, interpreted the data and used the research findings for solving problems at the district and city levels. Today, the "Youth Barometer" programme has become one of the ongoing programmes of the Kiev City State Administration and is being replicated in many cities of Ukraine.

36. In a number of countries, young people were involved in the country programme MTR process, enhancing the quality of the review. Several country offices reported the active participation of young people in the development of National Plans of Action, thus enabling young people to influence decision-making processes and gaining official recognition of programmes important to them. In a small number of country offices, young people have been involved in UNICEF reporting and evaluation, but this remains an underdeveloped entry point for participation.

37. The evaluation found that a number of factors are required for effective promotion of young people's participation: commitment to genuine, as opposed to adult-directed, participation; a supportive environment, including political commitment; resources to build young people's capacities; and the support of the media. For example, the limited capacities of local and central government services for young people, and schools that continue to be an unfriendly environment and have difficulty in reaching vulnerable and marginalized groups, negatively affect young people's participation and effective strategies are needed to address them. Specific cultural, social and political environments, such as adult stereotypes regarding young people, cultures and traditions that make promoting real participation a challenge and, in some countries, a constrained national context or tokenistic approaches to participation, are all elements that should be taken into account in the design and implementation of programmes to foster young people's participation.

38. The evaluation highlights that the strong desire and potential among young people to participate constitutes a powerful opportunity for further developing their participation.

39. The Young Voices opinion poll was considered a useful strategy to make young people's voices heard. From late 2000 to early 2001, UNICEF commissioned a polling company to survey the views of children aged 9-17 years in 35 countries of Europe and Central Asia. The purpose of the poll was to gather, analyse and disseminate the views of a representative sample of children in the region and to encourage decision makers to take into account the opinions of children and young people. Although the opinion poll fell short of encouraging full and meaningful participation of young people, it was useful in a number of ways. It provided baseline information, strengthened advocacy for the Convention on the Rights of the Child, raised awareness of HIV/AIDS and healthy lifestyles and promoted young people's influence on policies affecting them, such as the adoption of National Plans of Action in Armenia and the Republic of Moldova and the introduction of life skills-based education in the national curriculum in Moldova. The poll became a reference source for designing country programmes and youth-managed projects and activities, and was used by young people themselves to justify project proposals, prepare advocacy campaigns and develop peer education, and in training sessions on healthy lifestyles and life skills. For example, after the Young Voices survey revealed that only 38 per cent of children in Georgia had accurate information on their rights, UNICEF began a vigorous awareness campaign. Through workshops, school competitions and events initiated by Youth Parliamentarians, within less than two years, the percentage of children who were aware of their rights increased to 66 per cent.

40. **Use made of the evaluation**. The final report of the evaluation will be available in July 2005. The draft tool kit, *Useful Tools for Engaging Young People in Participatory Evaluations*, is already being used in the region. The evaluation's findings will inform efforts by UNICEF and Governments to effectively promote young people's participation, and will be used by partners to foster the interaction between young people, Governments and civil society. The evaluation will also provide a basis for a regional consultation with the programme staff of country offices and partners from selected countries in November 2005 to guide and strengthen programming focusing on young people's participation.

B. Evaluation of the integrated maternal and childhood health programme in Serbia and Montenegro

41. **Reasons for the evaluation.** UNICEF, in partnership with the Serbian Institute for Mother and Child Health Care and the Belgrade Institute for Public Health, introduced the integrated maternal and childhood health (IMCH) programme in 1996.[2] The objective of the initiative was to build the capacities of primary health care providers to better respond to the health needs of mothers and children. This programme was based on the UNICEF/WHO guidelines for IMCI and was adapted to the specific needs of Serbia. The Institute for Public Health, with UNICEF assistance, developed and introduced training workshops on case management guidelines and protocols on the most frequent maternal and childhood illnesses. A new approach to training based on small groups and interactive learning techniques was pioneered. This evaluation, which was carried out in 2003 and covered the period 1996 to 2002, is being reported now to show how the findings and recommendations were subsequently implemented and used to mainstream the programme into the reform of the Serbian health system.

42. **Summary of design and methodology.** Given the yearly investment that is made by the Government in capacity development, the evaluation aimed to assess the relevance of IMCH to maternal and child health care, and to evaluate the appropriateness and quality of the training programme, including training materials, educational methodology and the organization of seminars. The overall purpose of the evaluation was to recommend how to mainstream this programme in the health reform process and strengthen community involvement. The evaluation was carried out by an independent consultant and based on interviews with key informants, site visits, a desk review and use of data generated by the training assessment system. The evaluation report includes specific recommendations and a detailed implementation plan with clear accountabilities and timeframe.

Findings, lessons learned and recommendations

43. The programme successfully adapted IMCI to the health needs of Serbian children and mothers. The focus of the programme on key areas of child and maternal mortality and morbidity was based on the baseline statistics found in the Statistical Yearbook and the Multiple Indicator Cluster Survey (MICS) published by UNICEF in 1996. At that time, the major causes of child mortality were neonatal deaths (first 28 days) that comprised 72 per cent of all infant deaths, and deaths in the first six months that accounted for over 90 per cent of all infant deaths. The evaluation found that the specific interventions designed and implemented by the programme, such as child injury prevention, telephone counselling and visiting nurses programmes, were relevant to the reduction in infant mortality. The global IMCI strategy did not address this aspect specifically and, if applied as a standard package, the expected reduction in infant mortality in Serbia would have been minimal. Furthermore, the training curriculum has adapted and developed to address specific local issues. The key programme interventions needed to be targeted at the secondary and tertiary health service levels. Antenatal care was the focus of interventions at primary level. In-depth analyses of child deaths and infant and

[2] The country programme recommendation approved by the Executive Board in 1996 (E/ICEF/1996/P/L.29) was for the Federal Republic of Yugoslavia. As of February 2003, the name of the country was changed to Serbia and Montenegro.

childhood injuries, especially motor vehicle accidents, were carried out. Based on the positive results, the evaluation recommended that such specific interventions to be mainstreamed in the health reform and scaled up nationally. The evaluation found that the IMCH strategy was effective in reducing infant and perinatal mortality and morbidity, with programme communication a key strategy for imparting knowledge and practices to health workers and families.

44. Measurable improvements were observed in the knowledge of health providers who have completed the programme. A comprehensive post-training assessment of knowledge and skills was developed and implemented as part of the training programme. A pre-test was completed in a formative setting at the start of each training to assess prior knowledge, while a summative assessment was repeated at completion of each seminar. The main finding showed a two-fold increase from pre- to post-test knowledge. Successful incorporation of enhanced knowledge and competence into workplace practices was demonstrated through observation of health personnel in the health services in the town of Kragujevac, for example. The evaluation also included an implementation plan that focused on: (a) general strategies to mainstream the programme into the Serbian health reform process, including expansion at community level; and (b) specific strategies to strengthen even further the training component. Most of the recommendations of the implementation plan were carried out.

45. The programme was mainstreamed into the Serbian health reform process. The Serbian Ministry of Health took decisive actions in 2004-2005 to mainstream IMCH in its public health policies and programmes when it: (a) established a National Commission for Perinatal Care that is currently working on the relevant policy and legislative document; (b) allocated financial and human resources to the programmes for child injury prevention, telephone counselling and visiting nurses, which until then had been supported by UNICEF; and (c) incorporated the core IMCH training modules into the undergraduate and post-graduate education of medical workers.

46. The IMCH training curriculum was expanded following the recommendations of the evaluation. In 2004, the relevant authorities published a revised version of the IMCH training manual that included updated modules on neonatal care and new modules on protection of abused or neglected children, community-level HIV/AIDS education and measures to reduce child injuries and accidents. In addition, a teaching methodology that is more interactive and focused on problem solving was introduced, as was the evaluation of training. The recommendation for a web-based learning module was not implemented due to lack of funding and low demand.

47. The IMCH was expanded at community level and integrated with other health initiatives. Based on the recommendation of the evaluation to decentralize IMCH, UNICEF is supporting the Ministry of Health in assisting local authorities and community resource centres to use the IMCH manual for multidisciplinary training with community workers and, within school settings, for parents. Following the recommendation to expand and integrate IMCH with other health initiatives, the Ministry expanded telephone counselling to several cities and the visiting nurses project was applied nationally in 2004. The Maternal and Child Health Institute developed training courses on neonatal care and management of child trauma care. The national programme for prevention of child injuries and accidents, launched in 2001, was expanded to several towns and cities in cooperation with the European

Union and European Commission Humanitarian Office, which supported the reconstruction of the network of emergency services and trauma centres for children.

48. The evaluation's findings were used to suggest more efficient and relevant interventions in countries with low mortality rates. The findings and recommendations of this evaluation, together with a similar evaluation of IMCI in India, were used in several countries in the region to show how to adjust a standard package of interventions to specific country needs, according to specific situations and mortality patterns. The evaluation's findings and recommendations were also used to advocate and demonstrate more effective and relevant approaches in countries with low mortality rates, such as neonatal care, trauma care, prevention and detection of child abuse and neglect, accidents and injuries, and prevention of HIV/AIDS.

C. Joint UNICEF/World Bank mid-term evaluation of programme supporting conflict prevention and social cohesion through ECD in Kosovo

49. **Reasons for the evaluation.** In Kosovo, rates of access to early childhood education is very low. Currently, only 3 per cent of children aged three to six years are involved in pre-school activities, largely in urban areas. The family environment is not particularly conducive to ECD, as many mothers are illiterate, especially in poor rural areas. Girls who were of primary-school age during the 1990s and are now teenagers are especially affected by illiteracy.

50. The project for supporting conflict prevention and social cohesion through ECD started in July 2002 with $150,000 from UNICEF and $550,000 from the Post-Conflict Fund of the World Bank. The project is being implemented over a three-year period (until December 2005) by UNICEF in collaboration with the Non-Formal Education Section of the Ministry of Education, Science and Technology, EveryChild and a network of local women's NGOs. The objectives are to increase access to pre-school education and women's literacy services in poor communities through affordable and low-cost strategies. The women's literacy component aims to identify literate women in these communities and give them training and resource materials to carry out literacy sessions for women in a village house. Early childhood education and development activities are carried out in existing school buildings, with teachers chosen from among local literate women. Because of the lack of employment, the women identified were highly motivated to carry out their assignment.

51. **Summary of design and methodology.** From April to June 2004, UNICEF and the World Bank conducted a joint mid-term evaluation of the project. The quality, impact, effectiveness, relevance and sustainability of the programme interventions and the potential for further scaling-up were assessed. The evaluation also concentrated on understanding the broader issue of how to promote sustainable early childhood and adult education in vulnerable communities, and on whether and how these activities contribute to better development opportunities for children and women. The evaluation aimed to build local capacities by actively involving all implementing partners.

52. The evaluation comprised qualitative and quantitative research methodologies, including a semi-structured questionnaire for mothers or other primary caregivers and for direct beneficiaries. There were also interviews with key informants and

focus groups with: family members of project beneficiaries who had a child in an ECD programme or were attending literacy classes; mothers or primary caregivers who were not willing to have their child participate in ECD activities; women who were not attending literacy classes; the facilitators of the ECD centres; local NGOs that are running the literacy classes; local government representatives; community leaders; and school teachers.

53. The evaluation was designed as a formative and participatory process for all implementing partners, including the staff of the ECD centres and the women's NGOs. They were trained in carrying out evaluations, monitoring progress and introducing changes to the programme when needed. The findings of the evaluation were discussed with authorities of the local municipalities who were responsible for the eventual continuation of such services through local development plans.

Findings, lessons learned, recommendations

54. The programme is offering a unique educational opportunity to pre-school-age children and women in remote rural communities. The women's literacy project currently reaches about 2,000 women in 91 villages, most of whom did not attend or complete primary school. Many participants are unmarried teenagers who either dropped out of school or were not allowed by their parents to go to school. The project gave them a second chance to enter the educational system, which they would likely not have had otherwise, given the lack of adult education opportunities in Kosovo. The ECD project provides access to early childhood education for children in 13 rural communities that are not reached by state-funded pre-school services.

55. An important aspect of the programme has been the introduction of innovative ways of teaching and learning in the Kosovo educational environment, still influenced by a traditional teacher-centred approach. Both step-by-step methodology and the women's literacy curriculum emphasize qualitative interaction and learning. Participants in both projects responded very positively to these new approaches, expressing a high level of satisfaction with the curriculum, textbooks and methodology. The Ministry of Education, Science and Technology, initially sceptical, has recognized the value and importance of a community approach to early childhood education for rural communities. These are encouraging first steps towards mainstreaming innovative education practices in Kosovo.

56. The results of the women's literacy project are striking. At the beginning of the course, only 61 per cent of participants knew how to write their own name and only 38 per cent were able to write a short note, and at the end, 100 per cent were able to do both. Between 83 and 93 per cent of beneficiaries can now read medicine labels, write a recipe and read storybooks to children. Literacy skills have equipped women to be autonomous when going to a doctor, requesting a document and voting. Literacy has increased women's self-confidence and enabled them to seek the opportunities available in their environment: 5 per cent of respondents have already found a job, and more than 70 per cent are planning to continue their education.

57. Literacy has also increased women's skills as educators. Even if many participants are not mothers of pre-school children, they play an important educational role in the extended family and are role models for younger women. Most of them declare that they now spend more time talking with children (83 per

cent) and helping them with homework (71 per cent), and that they are better able to prevent and treat childhood illness (69 per cent). Overall, the women's literacy project proved to be a low-cost, high-return development intervention for women of all ages.

58. ECD centres have been in place only for one to two years and it is too early to determine their full impact on child development. This will be assessed by a final evaluation which will use learning achievement tests and an education development index. However, one remarkable result is already noticeable in the children's performance in primary school. Facilitators and primary-school teachers consider that children who attended the centres have an advantage in terms of psychomotor and social skills and familiarity with the school environment. Usually, it takes at least six months of the first grade year to integrate a child into school life, but children who attended pre-school adapt almost immediately. Some teachers believe that the differences disappear by the end of first grade, but others believe that the benefits are evident for a longer period.

59. Other findings of this mid-term evaluation are very encouraging. The majority of parents believe that their child is now more disciplined (96 per cent), more sociable (81 per cent) and more alert (80 per cent), knows more words and is more able to interact with other children and adults. The great majority of parents declare that their relation with children has improved and that they spend more time with them playing new games (98 per cent) and talking (92 per cent). Contacts between parents and facilitators are regular and frequent, providing an important opportunity for informing caregivers about ECD and parenting skills.

60. The importance of these findings (which are not new to the body of experience for women's literacy and ECD) is that in the context of Kosovo, the project has mobilized communities to identify local solutions to their problems and encouraged municipal authorities to give priority to the issues of illiteracy and the backlog of girls who have dropped out of school.

61. The major challenges for the future are to: (a) reach the most vulnerable groups, especially Roma, Askaljia and Egyptian; (b) create programme synergies in the two components; and (c) mainstream the literacy classes and ECD centres in the formal education system.

62. According to this evaluation, there is some risk that conditions for sustainability will not be met in the near future. Early childhood education is currently not compulsory and as such, is not yet under the direct responsibility and budget of the Ministry of Education, Science and Technology. However, the Ministry has announced the intention to draft new legislation on pre-school education. To respond to concerns about the pre-schools meeting the required quality standard, a task force including the Ministry and international experts has prepared draft standards for community-based early childhood education, which are awaiting the signature of the Prime Minister.

63. The Ministry has circulated an administrative rule recommending that all municipalities should cover at least 50 per cent of the salaries of the ECD facilitators from their own budgets. However, until legislation on pre-school education is in place, funding is left to the total discretion of individual municipal directorates of education. The directorates are aware of activities of the ECD centres in their municipalities and all provide moral support for them. In one case, the

municipality is funding 100 per cent of the facilitators' salaries until June 2004, but further funding is not assured at this stage. Many other municipalities expressed their willingness to contribute financially, and since the Ministry issued its administrative rule, it is hoped that local support will increase. Another important form of support to ECD centres is that most are located in school building premises, so they do not pay for rent or heat and classrooms are up to standard. Sharing the location also provides additional benefits of visibility, support, accessibility, security and integration into the formal education structures.

64. **Use made of the evaluation.** The findings of the evaluation are being used by all partners. In 2005, UNICEF is focusing on: (a) technical assistance to the Ministry of Education, Science and Technology on policy development (ECD and non-formal adult education); (b) working with municipal education directorates to support their engagement in ECD centres (fulfilling their commitments as per existing administrative instructions); (c) cooperating with EveryChild and the concerned communities to find ways to better ensure sustainability of the centres (community participation); and (d) assisting the Ministry on an accreditation system for the women's literacy programme and its gradually hand-over to the Ministry's Non-Formal Education Section.

D. Children and disability in Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States

65. **Reasons for the study.** When country reports for the 2002 General Assembly Special Session on Children were reviewed, a startling pattern emerged in the reported rates of disability among children in the region, which had doubled, tripled and increased even more during the transition period. The Regional Office worked with the Innocenti Research Centre (IRC) to investigate the causes of this dramatic increase, and the Centre published the study under the title, *Children and Disabilities in Transition*.

66. **Summary of design and methodology.** The study was developed though a three-part investigative strategy. The project first solicited data and analysis on children with disabilities from the national statistical office in each of the countries. IRC then approached the European Academy of Childhood Disabilities, a well-established association of professionals, to prepare a survey questionnaire and carry out interviews with doctors and health professionals working with key players in the field. Finally, in partnership with a private-sector professional agency, Oxford Research International Ltd., IRC conducted focus-group discussions and individual interviews with children with disabilities and their parents and professional caregivers in Bulgaria, Latvia and the Russian Federation.

67. **Findings and recommendations.** The study found that millions of children with disabilities in the region still face stigma, segregation, discrimination and institutionalization. The total number of children recognized as disabled in official data across the region has trebled since 1990, to 1.5 million in the 27 countries. This surge is largely due to greater recognition of disability rather than to an actual increase in impairments.

68. The study puts forward a five-point strategy for promoting and supporting the inclusion and participation of disabled children in their societies: (a) change negative public attitudes and inaccessible physical environments; (b) de-institutionalization and building community-based support; (c) participation of

parents in setting goals, making decisions and shaping services; (d) improving the families' economic capacities; and (e) preventing family dislocation.

69. Effectively implementing these strategies requires linking initiatives to broader reforms and permanently mobilizing a wide range of stakeholders. It also requires statistical and performance monitoring to provide feedback and new information for policy and programme directions.

Regional evaluation strategy

70. Building on efforts of previous years, in 2005 the Regional Office developed a regional strategy to strengthen the evaluation function. The strategy, which was developed through a participatory process that involved monitoring and evaluation officers and programme coordinators in the region, the Evaluation Office at headquarters and regional monitoring and evaluation officers of other regions, and was endorsed by the Regional Management Team (RMT) in April 2005.

71. The regional evaluation strategy addresses five areas: (a) improved attention by management to evaluation; (b) improved technical competencies in evaluation; (c) established baselines and *DevInfo*-based monitoring systems; (d) improved knowledge management of evaluation findings; and (e) regular monitoring of the evaluation function.

72. In order to overcome the uneven quality of evaluations and to learn lessons in critical programme areas, the RMT identified five regional priorities to be evaluated through joint thematic and/or subregional evaluations. This will enable Governments and UNICEF to better demonstrate results for children and to improve programme interventions. In the next biennium, evaluations will focus on reform of the child-care system and the UNICEF contribution to de-institutionalization; life skills-based education, with a focus on HIV/AIDS; the effectiveness of parenting programmes; "youth-friendly" services; and the global education programme in five countries in Central Asia.

73. The region has already set up a two-tier quality assurance system, through which draft terms of reference and draft reports of major evaluations are cleared by the country office through a quality self-assessment checklist and are subsequently reviewed by the Regional Office. This system is based on the evaluation standards identified by the United Nations Evaluation Group and major evaluation professional associations, reflecting the latest professional techniques.

74. In 2005, all country programme documents and country programme action plans included results frameworks and integrated monitoring and evaluation plans, thanks to systematic efforts by the Regional Office to sharpen the skills of UNICEF staff at country level to design country programmes in line with results-based principles.

75. In addition, the Regional Office plans to increase access to competent local external experts and strengthen local evaluation capacities. Concrete steps in this direction include cooperation with the International Programme Evaluation Network (IPEN), which covers the countries of the Commonwealth of Independent States, and the European Evaluation Society. To begin with, the Regional Office will support the IPEN Annual Conference, to be held in Kazakhstan in September 2005.

Before the end of the year, the regional office will also provide country offices with electronic rosters to identify local experts.

76. Evidence-based analysis in the evaluation process is also essential and, to this end, selected baseline data and data on progress of programmes and priority policies must be more readily available. In this region, UNICEF is supporting Governments to carry out a third round of MICS in 12 countries and to add MICS modules to the Demographic and Health Surveys in three countries. These household surveys will complement the data gathered by the UNICEF TransMonee database, providing baselines on strategic areas to improve the situation of children and women.

77. In addition, UNICEF is supporting the development of *DevInfo*-based monitoring systems in 12 countries that will facilitate gathering and dissemination of baselines to monitor national policies, as well as UNICEF-supported programmes and projects.

78. There will also be improved knowledge management of evaluation findings, by consolidating and distributing executive summaries of evaluations, studies and researches carried out in 2004. In 2005, a regional analysis of major trends in knowledge-generation similar to the one carried out for the medium-term strategic plan was conducted. This showed that the largest number of studies and evaluations are carried out in the areas of young child survival and development, and child protection. A growing area of interest is in measuring the impact of policies, legal reform and enforcement, and public budgets.

79. The quality of evaluation reports and country office evaluation management practices will be monitored yearly. Findings and proposed corrective actions will be presented and discussed by the RMT with the aim of ensuring that the Regional Office and senior management of country offices have access to regular data and analysis on the status of the evaluation function.